



Arizona Department of Water Resources
Records Management Section
500 N. 3rd Street • Phoenix, Arizona 85004
(602) 417-2405 • (800) 352-8488
www.water.az.gov

Pump Installation Completion Report

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ The registered well owner should file this report with the Department within 30 days following installation of pump equipment.

FILE NUMBER

WELL REGISTRATION NUMBER

55 -

**** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION

Well Owner		Location of Well					
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		WELL LOCATION ADDRESS (IF ANY)					
MAILING ADDRESS		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
CITY / STATE / ZIP CODE					1/4	1/4	1/4
CONTACT PERSON NAME AND TITLE		COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)					
TELEPHONE NUMBER		BOOK		MAP		PARCEL	
FAX		COUNTY WHERE WELL IS LOCATED					

SECTION 2. EQUIPMENT INSTALLED

DATE PUMP INSTALLED		Power Type CHECK ONE <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Electric Motor <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Natural Gas <input type="checkbox"/> Windmill <input type="checkbox"/> Other (please specify):	
Pump Type CHECK ONE <input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Other (please specify):			
RATED PUMP CAPACITY			
Gallons Per Minute			
HORSE POWER RATING OF MOTOR			

SECTION 3. PUMP TEST

Pump Test Data	Method of Discharge Measurement	Method of Measuring Water Level
DATE WELL TESTED	CHECK ONE <input type="checkbox"/> Bailer <input type="checkbox"/> Bucket – Barrel – Stopwatch <input type="checkbox"/> Current <input type="checkbox"/> Estimated – Air Lift <input type="checkbox"/> Gauge <input type="checkbox"/> Meter <input type="checkbox"/> Orifice <input type="checkbox"/> Volume <input type="checkbox"/> Weir – Flume <input type="checkbox"/> Other (please specify):	CHECK ONE <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line (Sonder) <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (please specify):
STATIC WATER LEVEL (A) Feet Below Land Surface		
PUMPING WATER LEVEL (B) Feet Below Land Surface		
DRAWDOWN [(B) – (A)] Feet Below Land Surface		
TEST PUMPING RATE Gallons Per Minute		
DURATION OF PUMP TEST (Minimum 4 Hours) Hours		
TOTAL PUMPING LIFT Feet		
FOR FLOWING WELL, MEASURED SHUT IN HEAD	<input type="checkbox"/> FT <input type="checkbox"/> PSI	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief according to A.R.S. § 45-600(B).

SIGNATURE OF WELL OWNER

DATE